

**SAMPLE
LETTER OF INTENT TO TRANSFER FUNDS**

(Date)

Tim Burgess
Commissioner
Georgia Department of Community Health
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159

Re: Letter of Intent for Transfer of Funds
For the following Affiliated Provider(s):

Dear Mr. Burgess:

Please be advised that the _____ Authority intends to transfer \$_____ to the Georgia Department of Community Health no later than 2 p. m. on April 8, 2005. It is our understanding that such transfers, as they have in the past, will be matched with available federal funds and used to make Upper Payment Limit Rate Adjustments to qualifying providers.

Please be advised that the _____ Authority and its affiliated provider(s) will not participate in the Upper Payment Limit Rate Adjustment program.

Sincerely,

_____ for

_____ Authority

Please check the appropriate box and send the completed Letter of Intent to Transfer Funds to the attention of:
UPL Program
Georgia Department of Community Health
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159
Fax (404) 657-4199